

Procedures for dealing with
incidental exposures; the current
situation of the working groups
radiation protection in occupational
medicine

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Steps

- Context: shortcomings noted by FANC
 - 1. the occupational physician radioprotectionist was not primary involved in an incident
 - 2. the occupational physician radioprotectionist when involved, did not offer adequate assistance

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Steps

- Deliberation between FANC, FPS ELSD and Co-Prev
 - Start up a study group
 - Occupational physicians radioprotectionists
 - Approval of the directors of the medical surveillance departments of the external preventive services

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Study group of occupational physicians radioprotectionists

- 1.
 - a. To involve occupational physicians radioprotectionists most effectively
 - b. To have a better balance between routine tasks and the development of knowledge
 - c. To increase the availability of occupational physicians radioprotectionists (134 in België)
- 2.
 - To solve the lack of experience

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Findings

- No general agreement, but brainstorming
- Discussion momentary of several findings
 - A phased approach dependent on the risk is necessary (companies category I,II, III,)
 - Follow up of independent physicians in hospitals need more explanation (they are also exposed to other agents (biological,...)?)
 - Why only super specialists for the risk ionizing radiation? And not for f.i. carcinogenic agents?

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1.a. Optimising the involvement of occupational physicians radioprotectionists

- The number of occ.phy.radiop.declines, we do not have adequate numbers of employees with the risk ionizing radiation
 - The training is theoretical and difficult
 - The procedure concerning the licence is time-consuming
 - Training in a category I company is impossible for occupational physicians of services without category 1 companies
- Reorganisation of tasks is needed
- Rather an accreditation system instead of drawing up a qualification file



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1.b. Routine tasks versus the development of knowledge

- To update one's knowledge in every field of occupational health is important
- To have routine tasks carried out by occupational physicians under the supervision of an occupational physician radioprotectionist.
- Medical surveillance:
 - Category I: by occupational physician rad .each year
 - Category II: by occupational physician rad. every 2 year
 - Category III: by occupational physician rad. every 3 years



1.b. Routine tasks versus the development of knowledge

- Focus on information sessions for groups of employees by occupational physician radioprotectionist
- Focus on trainees for employees by occupational physician radioprotectionist

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1.b. Routine tasks versus the development of knowledge

- Focus on company visits necessary for the licence
- Focus on visit to work stations
- Checklist for company visit and preventive medical exam
- Conclusion: Phased approach
 - Company visits
 - Medical surveillance

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1.c. Availability of occupational physicians radioprotectionists: watch system?

- Added value? Rather psychological support?
- To establish in each company a procedure in the event of incidents
- A common procedure on the management of incidents with attention to the collaboration between occupational physicians rad. and health physics
 - Common reports available
 - Exposure and decontamination tables available electronically

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2. Lack of experience

- Few incidents, fortunately
- Refresher courses and informative newsletters
 - Cases
 - Intervention sessions
 - Communication of new techniques
- Discussion of specific cases within the external service
- Collaboration with health physics

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Conclusion

- Phased approach
 - Adapted procedures on the management of incidents
 - Adapted company visits
 - Adapted medical surveillance
- Function specialist:
 - a more modern-day permanent training, accreditation system
 - information exchange: practical

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Conclusion

- Watch system: difficult to implement?
- Collaboration with health physics
- Discussion not yet completed

Thank you for your attention!

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